

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | ST | 12 | 9-27-00 |
| O.I.P.E. CLASSIFIER | | 545 | 10/2 |
| FORMALITY REVIEW | HS | | 10-25-00 |
| RESPONSE FORMALITY REVIEW | M. H. | 625 | 04-11-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------------|--------|
| Final Original | |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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